

DAILY VACCINE WASTE REPORT

Month _____ Year _____ Provider Name _____ Reporting Provider PIN# _____

Date Reported		DTaP	DTP	DT (Pedi)	HEP B (Adult)	HEP B (Pedi)	HIB	MMR	IPV	PPD	Td (Adult)	Varivax (VAR)	Prevnar (PCV)	HEP A
1	*Lot No. No. Wasted													
2	*Lot No. No. Wasted													
3	*Lot No. No. Wasted													
4	*Lot No. No. Wasted													
5	*Lot No. No. Wasted													
6	*Lot No. No. Wasted													
7	*Lot No. No. Wasted													
8	*Lot No. No. Wasted													
9	*Lot No. No. Wasted													
10	*Lot No. No. Wasted													
11	*Lot No. No. Wasted													
12	*Lot No. No. Wasted													
13	*Lot No. No. Wasted													
14	*Lot No. No. Wasted													
15	*Lot No. No. Wasted													
16	*Lot No. No. Wasted													

**Need Lot Number If Possible

SEND IN MONTHLY - DUE ON THE 8TH OF EACH MONTH

DAILY VACCINE WASTE REPORT

Month _____ Year _____ Provider Name _____ Reporting Provider PIN# _____

Date Reported		DTaP	DTP	DT (Pedi)	HEP B (Adult)	HEP B (Pedi)	HIB	MMR	IPV	PPD	Td (Adult)	Varivax (VAR)	Prevnar (PCV)	HEP A
17	*Lot No.													
	No. Wasted													
18	*Lot No.													
	No. Wasted													
19	*Lot No.													
	No. Wasted													
20	*Lot No.													
	No. Wasted													
21	*Lot No.													
	No. Wasted													
22	*Lot No.													
	No. Wasted													
23	*Lot No.													
	No. Wasted													
24	*Lot No.													
	No. Wasted													
25	*Lot No.													
	No. Wasted													
26	*Lot No.													
	No. Wasted													
27	*Lot No.													
	No. Wasted													
28	*Lot No.													
	No. Wasted													
29	*Lot No.													
	No. Wasted													
30	*Lot No.													
	No. Wasted													
31	*Lot No.													
	No. Wasted													
Total Wasted														

**Need Lot Number If Possible

SEND IN MONTHLY - DUE ON THE 8TH OF EACH MONTH